

FILED SEP 6 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25557

BIRTH NO. _____		REG. DIST. NO. 58		PRIMARY REG. DIST. NO. 4088		Registrar's No. 24	
1. PLACE OF DEATH a. COUNTY <u>Carter</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Carter</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Ellsinore</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>Ellsinore</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>own home</u>		f. STREET ADDRESS _____		(If rural, give location) <u>0180</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Hellen Jane</u> b. (Middle) <u>Million</u> c. (Last) <u>Million</u>		4. DATE OF DEATH (Month) <u>Aug</u> (Day) <u>23</u> (Year) <u>55</u>					
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov-14-1916</u>	
9. AGE (In years last birthday) <u>38</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife in own home</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Decatur Ill</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Monroe E. Black</u>		13b. MOTHER'S MAIDEN NAME <u>Wretha Fair</u>		14. NAME OF HUSBAND OR WIFE <u>Volie M. Million</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Wretha Black</u> ADDRESS <u>Ellsinore Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Brain tumor</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs. +</u>	
19a. DATE OF OPERATION <u>1950-1955</u>		19b. MAJOR FINDINGS OF OPERATION <u>Brain tumor</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____ m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>7-25, 1955</u> , to <u>8-23, 1955</u> , that I last saw the deceased alive on <u>8-22, 1955</u> , and that death occurred at <u>4:05 AM</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Charles D. Ottensmeyer, M.D.</u>		23b. ADDRESS <u>Van Buren Mo.</u>		23c. DATE SIGNED <u>8-27-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 25 55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Harmony</u>		24d. LOCATION (City, town, or county) <u>Carter Co</u> (State) <u>Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Aug. 29 55</u>		REGISTRAR'S SIGNATURE <u>Mrs Oeta Henson</u>		FUNDING DIRECTOR'S SIGNATURE <u>Seaton Pewitt</u>		ADDRESS <u>Van Buren Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed *Seaton Pruitt*

Licensed Embalmer No. *228*

P. O. Address *Van Buren*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.